

The Commonwealth of Massachusetts
Division of Professional Licensure
239 Causeway Street, Boston, MA 02114
Board of Embalming & Funeral Directing
www.mass.gov/dpl/boards

Massachusetts State Board Pre-Need Report

INSTRUCTIONS: All Pre-Need reports are due by June 30th each year. All information must be completed, do not leave any space blank. If the answer to a question is zero (0) or not applicable (N/A) please indicate. Every Funeral Home must submit this report annually. Incomplete reports will be returned.

The President or Chief Executive Officer of this Funeral Establishment must fill out this form.

Name of Funeral Home _____

Name and license number of President or CEO _____

Establishment Number _____

Address _____

City, State _____ Zip Code _____

Telephone (____) _____ Main Office _____

Filing Period _____ Branch Office _____

1. Total number of Pre-Need Contracts entered into during the preceding calendar year _____

2. Type of Funding Method used for pre-need contracts entered into during preceding calendar year:

a. Number of Insured Bank Accounts _____

b. Number of Trust Department Investment Accounts _____

c. Number of Insurance Policies _____

d. Number of contracts with no payment received _____

3. Names and addresses of all banking institutions, all trust companies and all insurance companies. Use back if necessary.

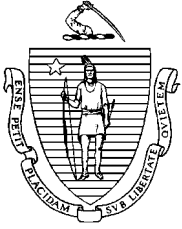
4. Location where records of pre-need funeral contracts and arrangements are kept: _____ same as above

Name of Funeral Home _____

Address _____

City, State _____ Zip Code _____

Signature _____



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INSTRUCTIONS: All information is mandatory. If requested information does not apply, please indicate.

Name of Funeral Home _____

Address _____

City, State _____ Zip Code _____

Establishment Certificate Number _____

Federal Identification Number (FID) or Social Security Number _____

Name and license number of President/CEO

Number of Type 3 (Registered Licensed) Licensees _____

List Names and license numbers of Type 3 Funeral Directors

Number of Type 1 (Registered Embalmer), 4 (Registered Unlicensed FD) or 5 (Certified FD) Licensees _____

List Names, License numbers and type class for each

Number of Apprentices _____

List Names and Apprentice numbers
